SHROPSHIRE
EDUCATION
COMMITTEE

SCHOOL HEALTH SERVICE

REPORT

of the

Principal School Medical Officer

1960

County Health Office . College Hill . Shrewsbury

October, 1961

To : The Chairman
and Members of the Shropshire Education Committee

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in presenting the Annual Report on the School Health Service for the year 1960, which we realise in retrospect was a fairly quiet year.

While no sudden demands were made on our services by the Ministry of Health, we had throughout 1960 been expecting to have to undertake, probably at short notice, the fourth Poliomyelitis injection. Dr. Crowley and others, after an extensive study of Syringe Services, felt that our system was neither sufficiently good nor adequate to meet the demands put upon it, and much of the planning for an up-to-date and efficient and comprehensive Syringe Service was undertaken in 1960.

The demand to proceed with the fourth injection for all school children came at the commencement of the Summer Term 1961 with an urgent request that the doses be given to all school children before the schools closed for the Summer holidays. The new Syringe Service was ready and did an admirable job, and much of the credit for the excellent service we now have must be given to Mr. Biddulph of the National Health Service section, who had already done much research work in connection with this project, visiting other establishments and making exhaustive written enquiries necessary to put the present system into operation. At the same time, the introduction of this service in a pre-fabricated building in the grounds of the County Health Offices has also provided much needed staffing accommodation which, to a limited degree, has helped to relieve the overcrowded working conditions referred to in my Report for 1959.

Less spectacular perhaps, but equally important to the satisfactory running of our services, has been the extra work undertaken by the School Health Section. This has involved re-organising the administration of the Audiology Services, co-ordinating the work done by Health Visitors, the screening done in schools, the subsequent referral to Audiology Clinics and finally the arranging of regular case conference sessions held in the class for children who are parti ally deaf.

The Poliomyelitis Vaccination campaign of 1958 had a paralysing effect on our school medical inspections and it is gratifying to note that, while in 1959 we did not succeed in getting up to date, in 1960 some 2,919 more children were examined and it is hoped that by the end of 1961 virtually all school medical inspections will have been completed for the year.

The persistence of Verruca in school children, in spite of foot inspections, has caused us some anxiety. Physical Education Advisers are notified of all cases of Verruca discovered at these inspections, and they visit the schools and advise the Physical Education Instructors how best to prevent further infection by periodic examination of the children's feet and reporting any suspicious conditions so that they can be investigated by the School Medical Officers.

The needs of the physically handicapped children are receiving more care and this has made us more aware of the necessity of knowing about these children as soon as possible after birth. Our Health Visitors and Nurses have given much help by telling us about these children in good time. Subsequent visiting to assess both the needs of the children and their parents has of course led to our awareness of the many children who require special treatment in both the medical and educational fields. One would like to mention here the close co-operation that exists between our department, Dr. Macauley, Children's Physician, and Mr. Rose, the Orthopaedic Surgeon. They hold a monthly clinic for children who are suffering from cerebral palsy, and Dr. Crowley, Senior Medical Officer from the Council's Health Department, attends. Because of this close liaison it is possible to have a case conference on every child and decide how best its needs and that of its family can be met.

Considering the demand for speech therapy and the shortage of trained staff, we have been fortunate in Shropshire to have the services of four Speech Therapists, even though this establishment cannot cope with the numbers of children needing this service. The expansion in 1961 of the pre-school nursery unit for physically handicapped children has further increased the demands upon the services of the Senior Speech Therapist, who attends the unit twice weekly. In addition, he visits at the request of the Senior Medical Officer the homes of pre-school children whose speech is defective. This enables us to judge the degree of priority which should be given to these children for admission to the above-mentioned unit. Consideration is now being given to increasing the establishment of Speech Therapists by two. Those at present on the staff have been supplied with County Council cars, with consequent saving of travelling time.

The continued shortage of dentists is a great worry and it is obvious that we cannot by any means give a good and complete service to Shropshire children with only half the required number of Dental Officers. Our Principal Dental Officer is very interested in dental health education and has done much to develop this aspect of his work. As a long term policy, this should make both parents and children increasingly aware of dental hygiene and conservative dentistry.

In conclusion I wish to thank Dr. Crowley, who has accepted responsibility for the greater part of our School Health work, fast developing under her wise guidance, the members of the staff at all levels for their continued good work, the officers of the Education Department for their support and ready co-operation, and the Chairman and Members of the Education (Welfare) Sub-Committee for their constant encouragement and consideration.

I have the honour to be,

Your obedient Servant,

T. S. HALL,

PRINCIPAL SCHOOL MEDICAL OFFICER.

COUNTY HEALTH OFFICE,

COLLEGE HILL, SHREWSBURY

(Tel. No. 52211)

October, 1961.

INDEX

EDUCATION COMMITTEE

(As at December, 1960)

CHAIRMAN :

CAPTAIN SIR OFFLEY WAKEMAN, Baronet, C.B.E., J.P., D.L. (Chairman of Council)

VICE-CHAIRMAN :

LT.-COL. A. P. SYKES, M.B.E., J.P., D.L.

ALDERMEN :

BATKIN, H. W.
BOYNE, DOWAGER THE VISCOUNTESS, C.B.E., J.P., LL.D.
FELL, W. M. W., M.Sc. (Vice-Chairman of Council)
GILES, THE REV. R. A., M.A., B.Litt. (Oxon.)
HEYWOOD-LONSDALE, LT.-COL. A., M.C., J.P., D.L.
JONES, A. H., J.P.
LEES, MAJOR A. C. L. D. (deceased 11th Sept., 1961)
MORRIS, P., B.E.M., J.P.
STEVENTON, T. O.
THOMAS, E. B., J.P.

COUNCILLORS :

ATTLEE, DR. W. O., J.P.
BOSTOCK, F., J.P.
CHALLINOR, W. C.
CHETWOOD, G.
CORDINGLEY, C. F.
GODDARD, P. G.
GRIFFITHS, P. H.
HAMAR, DR. L. A.
JONES, T. H.
LEE, R.
MAGNUS-ALLCROFT, SIR PHILIP, Baronet, J.P.
MORRIS, MRS. E. L., J.P.
PAIN, T. H., J.P.
PARRY-JONES, R. J. S., J.P.
RIDDELL, J. R., M.B.E.
SMITH, C.
WARNER, MRS. H. M. E., J.P.
WEDGE, T.
WILLIAMS, A. C.
WILLIAMS, E. L.

CO-OPTED MEMBERS :

DALEY, L. B.
PEEL, PROFESSOR E. A.
POWELL, R.
STEWART, MISS A. L.
BUTTREY, T. CLIFF
WHITEFORD, W. C.
GOUGH, MISS D. W.
AYLING, REV. J. C.
WELCH, VERY REV. CANON T. A.
WILLIAMS, LADY JAQUETA, J.P.
STORRAR, MRS. R., J.P.

EDUCATION (WELFARE) SUB-COMMITTEE

(Responsible, *inter alia*, for all questions relating to medical inspection and treatment of children and health of children generally)

CHAIRMAN OF COUNCIL
CHAIRMAN OF EDUCATION COMMITTEE
VICE-CHAIRMAN OF EDUCATION COMMITTEE

CHALLINOR, W. C.
GRIFFITHS, P. H.
HAMAR, DR. L. A.
JONES, A. H.
JONES, T. H.
LEE, R.
LEES, MAJOR A. C. L. D.
MORRIS, MRS. E. L. (Chairman)
MORRIS, P.
POWELL, R.
RIDDELL, J. R.
SMITH, C.
STORRAR, MRS. R.
THOMAS, E. B.
WILLIAMS, LADY JAQUETA

MEDICAL, DENTAL AND ANCILLARY STAFF

Principal School Medical Officer:

THOMAS S. HALL, M.B.E., T.D., M.D., B.Ch., B.Sc., D.Obst.R.C.O.G., D.P.H.

Deputy Principal School Medical Officer:

*WILLIAM HALL, M.B., Ch.B., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G., D.P.H.

Senior Medical Officer:

NORA V. CROWLEY, M.B., B.Ch., B.A.O., D.C.H., L.M.

Administrative Medical Officer:

ALICE N. O'BRIEN, M.B., Ch.B.

School Medical Officers:

KATHLEEN M. BALL, M.B., B.Ch., B.A.O., D.P.H.
AGNES D. BARKER, M.B., Ch.B.
*ELIZABETH CAPPER, M.B., Ch.B., D.P.H.
SHEILA M. G. CROSLAND, M.B., B.S. (part-time)
*CLEMENT BAXTER HIGGIE, M.R.C.S., L.R.C.P., D.P.H.
BRYAN V. LLYWARCH, M.B., Ch.B. (resigned 31st August, 1960)
FLORA MACDONALD, M.B., B.S., D.P.H.
*ALASTAIR COLIN MACKENZIE, M.D., Ch.B., D.P.H.
*CATHERINE B. MCARTHUR, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (retired 31st August, 1960)
*PHILLIP CONWAY MOORE, B.Sc., M.B., B.Ch., D.Obst.R.C.O.G., D.P.H. (appointed 5th September, 1960)
VIOLET G. PRITCHARD, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H. (part-time)
ELIZABETH R. POLLAND, L.R.C.P., L.R.C.S., L.R.F.P.S. (part-time)
*MARGARET H. F. TURNBULL, M.B., Ch.B., D.P.H.

Principal Dental Officer:

CHARLES D. CLARKE, L.D.S.

School Dental Officers:

Whole-time:

NOEL GLEAVE, L.D.S.
JOHN W. REECE, B.D.S. (resigned 31st December, 1960)
GEOFFREY H. STOUT, L.D.S.
GEORGE B. WESTWATER, L.D.S.

Part-time:

RONALD CULLWICK, L.D.S.
JOHN R. HARRIS, L.D.S. (resigned 12th May, 1960)
ANTHONY HOLLINGS, B.Ch.D., L.D.S. (resigned 28th March, 1960)
ROY DENVILLE JONES, L.D.S., R.F.P.S. (part-time) (appointed 14th December, 1960)
JOHN MCCORMACK, B.D.S. (resigned 24th February, 1960)
IAN MACPHERSON, L.D.S. (resigned 13th January, 1960)
REGINALD H. N. OSMOND, L.D.S.
DAVID A. REES, B.D.S. (resigned 20th April, 1960)
MYFANWY THOMPSON, L.D.S. (resigned 24th March, 1960)

Consultant Orthodontists (part-time):

BRIAN T. BROADBENT, F.D.S.
MICHAEL F. SCOTT, L.D.S.

*Also District Medical Officer of Health

Dental Technicians:

NORMAN J. RUSHWORTH
CLIVE EVERINGHAM (apprentice)

Dental Hygienist:

NANCY SMITH

Consultant Children's Psychiatrists (part-time):

JAMES A. CRAWFORD, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.M.
JAMES WARNER, M.B., Ch.B., D.P.M.

Educational Psychologists:

JOHN L. GREEN, B.A.
MARGARET THOMPSON, B.A.

Psychiatric Social Worker:

KATHLEEN E. HUNT, B.A.

Senior Speech Therapist:

EDWARD PAULETT, L.C.S.T.

Speech Therapists:

JILL BELLIS, L.C.S.T. (appointed 1st September, 1960)
SHIENA M. BOWEN, L.C.S.T.
MAUREEN A. JAMES, L.C.S.T. (resigned 31st August, 1960)
ANITA LEESON, L.C.S.T. (appointed 5th September, 1960)

Consultant Chest Physician (part-time):

ARTHUR T. M. MYRES, B.A., B.M., B.Ch., M.R.C.P., M.R.C.S., L.R.C.P.

REPORT FOR THE YEAR 1960

GENERAL

The area covered by the Local Education Authority comprises 861,800 acres; and in June, 1960, the civil and military population, as estimated by the Registrar-General, was 302,180—an increase of 1,880 compared with 1959.

The number of pupils on the school register in 1960 was 46,897, compared with 46,925 in the previous year—a decrease of 28.

At the end of the year, there were in the County of Salop, including the Borough of Shrewsbury, the following schools:

Non-Residential:	*Schools*	*Departments*	*Pupils on Register*
Nursery	3	3	129
Primary (County)	80	82	13,995
Primary (Voluntary)	167	170	13,364
Secondary Modern (County)	26	27	11,823
Secondary Modern (Voluntary)	1	1	455
Secondary Grammar (County)	13	13	5,169
Secondary Grammar (Voluntary)	5	5	1,365
Secondary Technical	2	2	260
Residential:			
Secondary	1	1	62
Special	3	3	177
Hospital	1	1	98
TOTAL	302	308	46,897

The staff of the School Health Service during 1960 was as follows:

	1st January	*31st December*
Principal School Medical Officer	1	1
Deputy Principal School Medical Officer	1	1
School Medical Officers	5	4
School Medical Officers (Part-time)	9	9
Principal School Dental Officer	1	1
Dental Officers	4	4
Dental Officers (Part-time)	7	2
Orthodontists (Part-time)	2	2
Dental Hygienist	1	1
Dental Technician	1	1
Apprentice Dental Technician	1	1
Dental Attendants (Full-time)	7	6
Dental Attendants (Part-time)	6	3
Speech Therapists	3	4
Whole-time School Nurses	3	4
Part-time School Nurses	3	1
Health Visitors undertaking School Nursing	23	26
District Nurses undertaking School Nursing	31	30

During 1960 there were 5 full-time Assistant County Medical Officers in the employment of the Council, one of whom resigned on 31st August. Three gave approximately 50 per cent of their time to School Health Service duties, one devoted 90 per cent of her time to combined School Health and administrative duties and the fifth gave 27 per cent of her time to School Health work.

In addition, two part-time Medical Officers gave services equivalent to a full-time Officer, devoting half their time to School Health work. Two other part-time Medical Officers gave services approximately equivalent to half of a full-time Officer, three-quarters of their time being devoted to B.C.G. vaccination against Tuberculosis and the rest to Dental anaesthetics.

Five Assistant County Medical Officers also held "mixed appointments" as District Medical Officers of Health, four giving about 40 per cent of their time to District duties, 35 per cent to School Health work and the remainder to other County Council duties. The fifth Medical Officer gave one-twelfth of her time to District duties, half to School Health work and the remainder to other work.

Inclusive of the Principal School Medical Officer and his Deputy, the medical staff undertaking duties in connection with the School Health Service on 31st December, 1960, was equivalent to 6.32 whole-time Officers.

MEDICAL INSPECTION AND TREATMENT

Routine Medical Inspections.—Under Section 48 of the Education Act, 1944, it is the duty of the Local Education Authority to provide for the medical inspection of all pupils in attendance at maintained schools, including County Colleges, and under this Section parents are required to submit their children for inspection when requested to do so by an authorised officer of the Local Education Authority.

The number of children examined during 1960 at routine medical inspections was 19,439, compared with 16,520 in 1959.

The obligation of the Local Education Authority to provide free medical treatment is almost entirely discharged through the facilities made available under the National Health Service Act, 1946, and children found to be suffering from defects, ascertained in the course of a Routine Medical Inspection or attendance at a School Clinic are, save for certain agreed defects, referred in the first instance to their own doctors. Such pupils are followed up by the School Nurses and where specialist advice or treatment is needed this is arranged either through the family doctor or direct with one or other of the Hospitals in the Birmingham Regional Hospital Board's area as listed on page 34.

Particulars of the School Clinics provided by the Local Education Authority are given on pages 35 to 37.

Treatment of Eye Conditions.—A total of 3,285 children, suffering from defective vision or other affections of the eye, was dealt with during 1960 in one or other of the following ways:

Hospital Eye Service.—Treatment is arranged as far as possible through the Hospital and Specialist Services provided by the Regional Hospital Board, and during the year 610 school children were so treated.

Supplementary Ophthalmic Services Scheme.—At Ludlow arrangements are made for pupils to be examined by an Ophthalmic Medical Practitioner, and during the year 128 pupils were dealt with by this Consultant.

Many school children are referred by general medical practitioners to Ophthalmic Medical Practitioners or Ophthalmic Opticians for treatment for defective vision, and during 1960 a total of 2,547 school children was so referred.

Tonsil and Adenoid Conditions.—Next to defects of vision, tonsil and adenoid conditions are those most prevalent in school children, and all cases for whom treatment is recommended are examined by an Ear, Nose and Throat Specialist. The Consultant, in deciding whether operative treatment is necessary, also allots whatever degree of priority he considers applicable.

According to statistics supplied by the various Hospital Management Committees, 905 operations were performed during 1960 at hospitals as indicated below:

Hospital Management Committees	*Hospitals*	*Operations in 1960*
Group No. 15—	Copthorne, Shrewsbury	315
	Eye, Ear and Throat, Shrewsbury	456
	Whitchurch Cottage	17
	Ludlow District	11
		799
Group No. 16—	Bridgnorth and South Shropshire Infirmary	63
	Shifnal Cottage	39
	New Cross Hospital, Wolverhampton	1
	Royal Hospital, Wolverhampton	3
		106

These figures include an unascertainable number of cases of children of school age who do not fall within the purview of the School Health Service.

Foot Inspections.—Following the incidence of Plantar Warts among pupils attending Grammar, Technical, Modern and Senior Schools in the County, it was decided in September, 1958, to introduce an inspection of the feet of all pupils in attendance, to be carried out as far as possible in conjunction with routine medical inspections. Cases discovered are kept under observation by the School Nurse who also ensures that treatment is obtained.

During 1960, a total of 25 inspections was carried out and 138 cases of Verruca (55 already under treatment and 83 new) and 13 of Athlete's Foot (6 old and 7 new) were discovered, as well as 19 other conditions requiring observation. Cases of Verruca and Athlete's Foot not already under treatment were referred to the family doctor.

Treatment of Minor Ailments.—Clinics provided by the Local Education Authority for the treatment of minor ailments are listed on pages 35 and 37 of this report.

The attendances during 1960 at the six clinics held in various areas of the County are very few for the number of openings, and it would seem that the service hardly justifies itself unless the school doctor or nurse is at the clinic primarily for some other purpose and is merely "available" for a casual school child visitor. This is in fact the more usual situation. The "School Clinic" at Monkmoor is more of the nature of a twice weekly visit or inquiry at this large school of 1,400 pupils (including the adjacent Infants' and Nursery Schools) by one of the whole-time School Nurses for the Borough of Shrewsbury.

At this "School Nurse" session and the "School Doctor" sessions held at Bridgnorth, Market Drayton, Oswestry, Murivance and Wellington Welfare Centres, 122 children made 133 attendances. Examinations made by the School Doctor totalled 137 and 28 of the children were referred to their own doctor.

Ascertainment of Handicapped Pupils.—During 1960, the number of pupils ascertained under the provisions of the Handicapped Pupils and School Health Service Regulations, 1953, was 447 (385 by the School Medical Officers and 62 by the Consultant Psychiatrist), and a summary of the findings and recommendations to the Local Education Authority are given below:—

HANDICAPPED PUPILS

Category	Pupils Specially Examined	Not Handicapped	Decision deferred	Special Educational Treatment Recommended			Reported to Local Health Authority		Pupils not requiring Supervision on leaving school	Under treatment by Psychiatrist
				In Ordinary School	In Special School	Home Tuition	In-educable	Supervision on leaving school		
Blind	1	—	—	—	1	—	—	—	—	—
Partially Sighted	—	—	—	—	—	—	—	—	—	—
Deaf	4	—	—	—	4	—	—	—	—	—
Partially Deaf	3	—	—	—	3	—	—	—	—	—
Delicate	42	—	—	—	27	15	—	—	—	—
Educationally Sub-Normal	299	58	1	104	59	—	26	30	21	—
Epileptic	1	—	—	—	1	—	—	—	—	—
Maladjusted	62	—	—	—	10	2	—	—	—	50
Physically Handicapped	35	—	—	—	10	25	—	—	—	—
TOTAL	447	58	1	104	115	42	26	30	21	50

In addition, the Medical Officers also carried out a further 475 examinations of handicapped pupils in connection with unsatisfactory school attendance, the provision of transport to and from school and the review of home tuition cases.

The following table gives details of the numbers of pupils ascertained by the School Medical Officers and Consultant Psychiatrist during the period 1948 to 1960:—

		(1) Blind (2) Partially-sighted (3) Deaf			(4) Partially-deaf (5) Delicate (6) Educationally subnormal			(7) Epileptic (8) Maladjusted (9) Physically handicapped			
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	TOTAL
(i) Examined:	1948	1	6	3	—	18	175	2	6	10	221
	1949	—	—	1	—	31	221	12	6	30	301
	1950	—	2	6	5	18	306	3	—	17	357
	1951	—	2	7	5	34	233	1	106	16	404
	1952	2	—	4	3	34	370	4	138	11	566
	1953	2	1	1	3	37	344	—	136	12	536
	1954	1	4	3	3	27	299	2	115	16	470
	1955	3	4	2	—	53	264	1	14	22	363
	1956	2	4	4	5	60	363	2	41	18	499
	1957	5	5	—	2	35	341	4	43	22	457
	1958	2	2	—	11	24	204	5	120	34	402
	1959	1	3	1	6	36	247	2	116	39	451
	1960	1	—	4	3	42	299	1	62	35	447
	TOTAL ..	20	33	36	46	449	3,666	39	903	282	5,474
(ii) Recommended for Special School:											
	1948	1	6	3	—	13	54	1	3	4	85
	1949	—	—	1	—	24	68	2	2	6	103
	1950	—	2	6	5	18	106	3	—	8	148
	1951	—	2	7	5	30	87	1	11	10	154
	1952	2	—	4	3	27	85	3	15	4	143
	1953	2	1	1	3	32	99	—	16	7	161
	1954	1	4	3	3	22	70	1	13	7	124
	1955	3	4	2	—	41	61	—	10	7	128
	1956 ..	2	4	3	5	31	110	1	7	9	172
	1957	5	5	—	2	22	78	4	16	12	144
	1958	2	2	—	11	18	46	5	13	10	107
	1959	1	3	1	6	30	48	2	12	7	110
	1960	1	—	4	3	27	59	1	10	10	115
	TOTAL ..	20	33	35	46	335	971	24	128	101	1,694

Report to Local Health Authority.—The Mental Health Act, 1959, which came into force on 1st November, 1960, amended Section 57 of the Education Act, 1944, and introduced certain changes in the law relating to children of the age of two years or more who suffer from a disability of mind rendering them unsuitable for education at school. The effect of these changes is broadly to extend the rights of parents, to amend legal procedure in some respects and to simplify some of the administrative arrangements.

The phrase "incapable of receiving education at school" is replaced by "unsuitable for education at school". The period in which the parent can appeal to the Minister of Education against a decision of unsuitability for school has been extended from 14 to 21 days.

The notice to the parents of the Local Education Authority's decision regarding their child must include a statement of the functions of the Local Health Authority for the treatment, care and training of the child and also a statement of the arrangements made by that Authority in discharge of those functions.

The parent has a new right to request a review by the Local Education Authority of their decision and a right of appeal to the Minister where, after review, the Authority decide that a child is still unsuitable for education at school.

Sections 57(4) of the Education Act (Notification to the Local Health Authority of a child unsuitable for education in association with other children) and 57(5) (Notification of a child requiring supervision on leaving school) have both been deleted. The Local Education Authority can and do, however, pass to the Local Health Authority information on school leavers who are considered to require care and guidance.

During 1960, a total of 56 children was recommended for report to the Local Health Authority under Section 57 of the Education Act, as amended,—26 under the new sub-section 4 as being unsuitable for education at school and 30 as being in need of friendly supervision after leaving school. The comparable figures for 1959 were 27 and 48 respectively.

Home Visiting of Handicapped Pupils by School Medical Officers.—School Medical Officers are advised of every newly ascertained handicapped child in their area and will know in each case the degree of disability, the facilities of the local schools and, even more important, the teachers, Educational Psychologists and Child Guidance staff with whom the child's case can be fully discussed. The child's mental development and security depends upon and is influenced by the family background and it is in this sphere especially that the Medical Officer can give the greatest assistance to parents on the numerous problems associated with a handicapped child and advise them how to secure the many benefits available through the National Health Service.

Medical Officers are expected to visit the homes of handicapped pupils as often as possible. Some homes, however, need visiting more often than others, for example, those of children suffering from a major disability (blindness, deafness, epilepsy, physical or mental handicap) and who attend residential schools. In such cases the Medical Officer must maintain contact with the child during the holidays and especially when the child is due to leave the Special School and has to face the problem of employment as a disabled person. Any advice which Medical Officers can give to Youth Employment Officers in this respect is often vital to the interests of the handicapped child. In the case of children at residential schools within the County, after-care is carried out in close co-operation with the teaching staffs.

If in the course of home visiting the Medical Officer encounters any difficulty incapable of solution at local level, a special report is made to the Principal School Medical Officer.

The following figures indicate the numbers of handicapped children in the various categories who receive domiciliary visits. They are, of course, also seen in the Schools and Clinics and home visits are carried out as often as the Medical Officer considers necessary. As the figures show, many children were not visited at home in 1960 and while it is felt that much more should be done in this sphere, current commitments and demands upon the services of the Medical Officers make this impossible at the present time.

HANDICAPPED PUPILS REQUIRING HOME VISITING

	Pupils on list	*Visits Made*
Blind	15	14
Partially Sighted	32	29
Deaf	27	27
Partially Deaf	53	66
Some Hearing Loss	58	14
Delicate	389	203
Educationally Subnormal	439	272
Epileptic	97	76
Physically Handicapped	211	195
	1,321	896

Special Residential Schools for Educationally Subnormal Pupils.

Domiciliary Holiday Visits: Because of the unsatisfactory condition in which some of the pupils were returning to Petton and Haughton Hall Residential Schools after holiday periods, Health Visitors now make "follow-up" visits during each holiday to the homes concerned. This is primarily to establish a good relationship with both child and family and also to ensure that each pupil is receiving any necessary medical or nursing care and returns to the Special School free from infection and infestation.

There are approximately 90 boys at Petton Hall School and 60 girls at Haughton Hall School and domiciliary visiting has been carried out since the Christmas holiday period, 1959.

Nursery Class for Handicapped Children.—As a result of an enquiry into the problems and needs of handicapped children under school age, a Nursery Class was started by the Education Department in March, 1958, at No. 5 Belmont, Shrewsbury, under the direction of a qualified teacher.

This class, held on two mornings a week, was started as an experiment and four children were admitted initially—two totally blind and two partially sighted. The main objects of the class are to bring the children into contact with each other, to help them to get used to being out of their mother's company, to give the latter guidance in dealing with the children's management and to permit assessment over a prolonged period of the intelligence of the border-line cases. Every effort is made to minimise as far as possible the children's handicaps.

Subsequent admissions to the group included three girls—one deaf, one partially deaf and one physically and mentally retarded—and three boys—one spastic and two beyond parental control.

The change-over from a group with similar defects to a mixed one had some attendant difficulties, but on the whole has been of immense benefit to all. For example, the child with a speech defect is not nearly so self-conscious amongst the physically handicapped, the naughty child is not so arrogant with the deaf and the blind child can demonstrate the pleasure of association with others. The parents likewise are better able to cope with their children on seeing the handicaps of others. Parents are encouraged to remain with their children during their first few attendances at the class, but it is found that the children very often make more progress when their parents are not present.

The class thus provides the young handicapped children with opportunities for acquiring knowledge through the use of play materials, aided by the skill of a sympathetic teacher. They learn to mix with other children, to become independent and to tolerate each other's difficulties.

Selection of children for admission to the Nursery Class is done by the Senior Medical Officer and the Education Department. The class is visited frequently in order to observe progress and to establish liaison with hospital specialists, etc., in the matter of treatment and assessment.

The premises used by the original class, accommodating a maximum of ten children, were by no means ideal from the point of view of situation, toilet and storage facilities and when these were acquired by the Shrewsbury Youth Club, a new nursery was opened at Easter, 1961, at the Claremont Baptist Church Hall in Shrewsbury.

At these new premises the class is held on two days per week and lunches are provided through the School Meals Service. The Shrewsbury Branch of the National Spastics Society have very generously made a donation of £200 towards this enterprise and this is being used to provide furniture and specialised equipment for the spastic children. A qualified Physiotherapist, whose services are made available by the Birmingham Regional Hospital Board, and Mr. Paulett, the Council's Senior Speech Therapist, both hold regular sessions at the Nursery Class, which now accommodates 10 children.

Supervision of School Leavers.—In November, 1959, the problem of after-care for pupils leaving Petton and Haughton Hall Residential Schools was discussed by representatives of the Health Department, the Children's Department, the Child Guidance Clinic, the Youth Employment Service and the Heads of the Special Schools, when it was made clear that all concerned were anxious to give every possible assistance to Special School Leavers.

Liaison between the Secretary for Education and Special Schools and the Youth Employment Service has always been very close, but it was agreed that it would be helpful if Health Visitors and Youth Employment Officers could, in suitable cases, visit the Special School before the child actually left and subsequently follow up each case at home to ensure that the child settles in employment and becomes satisfactorily adjusted to post-school life with its personal and social problems.

Health Visitors, in conjunction with the Health Department's Female Mental Welfare Officer, follow up suitable school leavers from Haughton Hall and maintain contact with them in the post-school period. Petton Hall school leavers are followed up by the Male Mental Welfare Officers.

Education of Children in Hospitals.—The Robert Jones and Agnes Hunt Orthopaedic Hospital have a permanent arrangement with the Education Committee for the provision of special educational facilities. At Copthorne and Monkmoor Hospitals,Shrewsbury, patients recommended for special tuition attend a class held regularly at the hospitals by tutors provided by the Education Committee.

In other hospitals in the County, when a child is admitted whose stay is likely to be prolonged, special arrangements are made for individual tuition if the medical condition permits.

Cleanliness Inspections.—School Nurses carry out routine inspections for verminous infestation of pupils in all Primary Schools, follow-up inspections being made of pupils found to harbour nits or lice.

The incidence of infestation being extremely low in schools above primary level, head inspections in Secondary Modern, Technical and Grammar Schools are now arranged only at the request of the Heads.

Cleanliness inspections in Primary Schools are carried out early each term, and an Informal Cleansing Notice issued to the parent of any pupil found to be verminous.

Such pupils are re-examined one week later and, if still found to be verminous, Formal Cleansing Notices are served on the parents, requiring them to disinfest and to present the children for re-examination by the School Nurse at the end of three days.

If on re-examination a pupil is found to be still verminous, a Formal Cleansing Order may be issued, instructing the Nurse to convey the pupil to the nearest School Clinic to be cleansed by her.

During 1960, a total of 81,962 head inspections was carried out by the School Nurses, and 975 pupils were found to be verminous, some on more than one occasion.

The following table sets out the position from 1948 to 1960:

Year	Pupils on Register of Schools Inspected	Verminous Pupils	Percentage Verminous
1948	32,873	2,534	7.7
1949	33,424	2,066	6.2
1950	34,593	1,935	5.6
1951	36,259	1,501	4.1
1952	37,545	1,418	3.8
1953	39,187	1,179	3.0
1954	38,448	1,337	3.5
1955	38,527	1,119	2.9
1956	40,152	1,287	3.2
1957	40,574	1,336	3.3
1958	40,753	1,207	3.0
1959	38,794	1,151	3.0
1960	35,077	975	2.8

It was found necessary during the year to issue 30 Formal Cleansing Notices and 7 Cleansing Orders. Legal proceedings were instituted in respect of 3 pupils involving two families and fines totalling £4 10s. 0d. were imposed by the Magistrates.

In the majority of cases infestation is mainly confined to children whose home conditions are unsatisfactory. In such cases School Nurses have the task of dealing with parents and older members of the household, who neglect personal hygiene and consequently re-infest the younger children.

Children from such families are a continual source of infestation to other pupils and cause constant irritation to parents of clean children and to teachers.

The problem of attaining complete freedom from infestation in schools will not be solved completely either by compulsory cleansing or even by prosecution. It will be overcome only by the education of parents and children and to this end health education is carried out by School Medical Officers and School Nurses in Clinics, Schools and the homes of the offenders.

Work of School Nurses.—School Nursing is undertaken by 5 School Nurses (4 whole-time and one part-time), 26 Health Visitors and 30 District Nurses (who are estimated to devote about 7 per cent of their time to this work). In addition to their visits to schools for head inspections the School Nurses are required to attend routine medical inspections.

Children ascertained by the School Medical Officer to be suffering from defects of any kind are either referred for treatment or noted for observation; and the subsequent follow-up work of the School Nurses, together with the number of days given to routine medical inspections, is indicated in the following table:

Staff	Staff		Medical Inspection days	Treatment Cases				Observation Cases			Totals	
	Number	Whole-time equivalent		Visited	Not Visited	Total	Treated	Visited	Not Visited	Total	Cases	Visits
School Nurses	4	4	206	1,652	209	1,861	1,857	244	32	276	2,137	2,296
Part-time School Nurses	1	0.5	6½	73	12	85	85	24	2	26	111	116
Health Visitors	26	7.28	295	1,218	739	1,957	1,851	459	393	852	2,809	1,721
District Nurses	30	2.1	98	694	118	812	670	214	66	280	1,092	1,524
TOTAL ..	61	13.88	605½	3,637	1,078	4,715	4,463	941	493	1,434	6,149	5,657

Vocational Guidance.—The School Medical Officer, at the last routine medical examination of each pupil, makes a special report if he considers the pupil unsuitable for work of any particular type. When the pupil leaves school this report is sent by the Head, together with the "School Leaving Report," to the Local Officer of the Ministry of Labour or to the Juvenile Employment Bureau. It is then used by the Vocational Guidance Officers to ensure that a pupil, on leaving school, is not placed in employment for which he or she is either mentally or physically unsuited.

Handicapped pupils are also given the opportunity to enrol on the Register of Disabled Persons and so obtain through the Ministry of Labour not only sheltered employment but also the special educational training open to Registered Disabled Persons.

Employment of Children.—All pupils reported by the Secretary for Education as being engaged in employment outside school hours are examined by a School Medical Officer in accordance with the provisions of Section 59 of the Education Act, 1944, to determine whether or not they are being employed in a manner likely to be prejudicial to health or to render them unfit to obtain the full benefit of education.

Following this initial examination, each child is seen annually at routine medical inspection. If for any reason a Medical Officer wants to see a particular child at an earlier date, this is arranged.

Of 583 pupils examined during 1960, it was necessary to recommend cancellation of employment in four cases, and re-examination in twenty-one others at intervals ranging from three to six months.

Only children of 13 years or more are allowed to take up employment which, for the most part, includes newspaper rounds and deliveries for butchers and grocers.

Employment is restricted by statute and may not exceed two hours on school days. Work before seven o'clock in the morning is prohibited and the majority of children do about three hours on Saturday afternoons on deliveries, or half to one hour daily from seven o'clock on newspaper rounds. The latter means early rising but it is concluded from the medical records that none of this work harms them; in fact, it gives them a sense of responsibility, enables them to save from their earnings for holidays and probably helps them when they leave school to take up regular employment.

Parents often come with their children to the medical examination and seem pleased that the children are watched by the Medical Officers.

Medical Inspection of Pupils resident in Hostels, Boarding Schools and Special Boarding Schools.—Special arrangements are made for the medical examination of children in hostels and boarding schools, or resident in special boarding schools within the County. There are 13 such establishments and during 1960, a total of 893 pupils in residence was examined by the School Medical Officers, anything relevant to the wellbeing of the children being passed on to the Matron of the Hostel or the Head of the School. Every pupil in these residential establishments is on the list of a local Medical Practitioner providing General Medical Services under the National Health Service Act.

Arrangements were also made during the year, at the request of the Robert Jones and Agnes Hunt Orthopaedic Hospital authorities, for the local School Medical Officer to undertake vision testing of the 98 pupils attending the Hospital School. These tests are carried out each term and pupils having defective vision are referred to an Ophthalmic Consultant for treatment.

Nutrition.—For 1960, as for 1959, practically 100 per cent of the children seen at Routine Medical Inspection were classified as of satisfactory nutrition, and less than one per cent only out of the 19,439 examined were unsatisfactory. The table relating to nutritional groups is given on page 38 of this report.

Medical Examination of Prospective Teachers.—During 1960, some 173 candidates for entry to the teaching profession were examined by the medical staff of the School Health Service.

Meals.—School canteen meals are available at 1/- per head (free in necessitous cases) for one hundred per cent of children attending school; but only 62.3 per cent were having school dinners at a census taken in September, 1960.

As a comparison, 59.8 per cent were using this service at a census taken in September, 1959.

Milk.—Milk is supplied free of charge in all schools and a census taken in September, 1960, showed that almost 78 per cent of the children were drinking it.

Quality of Milk Supplies.—Only Pasteurised or Tuberculin Tested Milks are supplied; of a total of 364 departments in maintained, grant-aided and independent schools, 361 had pasteurised supplies and 3 tuberculin tested supplies in 1960.

Investigation of Milk Supplies.—The County Sanitary Officer is responsible for the supervision of school milk supplies and samples for testing are obtained by Sampling Officers of the County Health Department. Methylene Blue colour tests to determine the keeping quality and, in the case of Pasteurised milk, Phosphatase tests to determine whether the milk has been properly processed, are carried out on milk from each supplier at regular intervals. In addition, Tuberculin Tested milk is submitted to a biological test for the presence of tubercle bacilli.

The table below gives the results of the examination of samples taken during 1960:

Grade of Milk	Samples taken	Methylene Blue Test			Phosphatase Test		Biological Test	
		Satis.	Unsatis.	Void*	Satis.	Unsatis.	Satis.	Unsatis.
Pasteurised	285	228	11	46	284	1	—	—
Tuberculin Tested ..	16	16	—	—	—	—	12	—
TOTAL ..	301	244	11	46	284	1	12	—

*Methylene Blue tests are declared void when the atmospheric shade temperature exceeds 65°F. during storage in the laboratory.

An investigation was made in the case of the sample failing the Phosphatase test, but the cause could not be ascertained.

REPORT OF THE SENIOR SPEECH THERAPIST

During 1960, Speech Therapy Clinics were held at the following Centres:

		Monday	Tuesday	Wednesday	Thursday	Friday
MR. E. PAULETT ..	Morning ..	Wellington	Eye, Ear and Throat Hospital	Murivance	Eye, Ear and Throat Hospital	Condover Hall
	Afternoon	Wellington	Overley Hall	—	Murivance	—
	Evening ..	—	—	Eye, Ear and Throat Hospital	—	—
MISS J. BELLIS ..	Morning ..	Shifnal	Madeley	Newport	Hadley	Market Drayton
	Afternoon	Haughton Hall	—	Newport	Hadley	Market Drayton
MRS. S. M. BOWEN	Morning ..	Murivance	East Hamlet Hospital	St. Michael's Class for backward children	Ludlow	Bridgnorth
	Afternoon	Dawley	Church Stretton	—	Ludlow	Bridgnorth
MISS A. LEESON ..	Morning	—	Oswestry	Petton Hall	Murivance	Whitchurch
	Afternoon	Murivance	Oswestry	Petton Hall	Sutton Lodge	Whitchurch

CASES TREATED

On Register 1st January	New Cases during year	Cases Discharged during year	On Register 31st December
157	186	157	186

CASES DISCHARGED

Normal	Substantially Improved	Unlikely to benefit by further treatment		Left School or Ceased	Referred to Other Services	TOTAL
		Slightly Improved	Unimproved			
38	52	17	6	1	43	157

In a small number of cases, discharge is temporary and children can attend later for further treatment.

The following table gives particulars of the conditions which necessitated attendance of the 343 children given speech therapy during 1960:

Condition	Cases Discharged during year	On Register on 31st December
Stammer	37	43
Cleft palate	2	2
Severe dyslalia	5	12
Nasality + or —	2	2
Dyslalia	88	75
Voice defect	2	1
Mutism or alalia	3	8
Partial deafness	8	6
Educational subnormality ..	3	11
Dysarthria	3	7
Mixed defect	3	6
Mongolism	—	5
Severe subnormality	1	8
TOTAL ..	157	186

These totals include 14 children from three neighbouring Counties, the latter paying the Shropshire Education Authority for their treatment.

In addition—

52 children made single visits to Centres for advice.

2 visits were made to individual homes.

9 visits were made to schools to see children and discuss cases with teachers.

On 31st August, 1960, we were sorry to lose the services of Miss M. A. M. James, who returned to Wales to get married. In September two appointments were made, bringing the establishment of Speech Therapists, including the senior, to a total of four. The two new members of staff, Miss J. Bellis and Miss A. Leeson, soon settled in and proceeded to deal with the heavy case-load at each of the Clinics.

With a full establishment we were able to co-operate more fully with the schools and treatment was given at Sutton Lodge Junior Training Centre, Shrewsbury, at the Class for Educationally Subnormal pupils in St. Michael's School, Shrewsbury, at Church Stretton and also at Bridgnorth. At Hadley Secondary Modern School the half-day clinic was increased to a full day and this was also possible at Petton Hall Residential Special School. The Clinic sessions held at the Health Centre, Murivance, Shrewsbury, were increased from 3 to 5 per week.

However, at the end of the year there were still large numbers of children awaiting treatment, for instance, in Shrewsbury 90, Oswestry 30, Ludlow 25, Newport 25 and Market Drayton 15.

In September, Mrs. Bowen attended a three-day conference at the University of Nottingham on advanced techniques in speech therapy and in November the Senior Speech Therapist was invited to speak at a Teachers' Course with the theme "The Teaching of Backward Children", which was held in Newtown, Montgomeryshire. This neighbouring County has unfortunately been unable to appoint a Speech Therapist and has several pupils receiving treatment at Clinics in Shropshire.

Speech therapy entails much more than a mere knowledge of the mechanical function of voice production and the correction of any disorders of speech during a prolonged series of interviews.

Ideally, a Speech Therapist should know not only his patient but also the family background. The home environment may in some cases be the precipating factor and one must treat not only the sign it produces but also the cause. It is of great help to have the co-operation of the parents and frequently they may need to be seen more often than the child.

A few parents are suspicious and resentful if their children are referred for speech therapy and do not realise the harm they are thereby doing. Generally, there does appear to be an increasing interest shown by parents and children in the importance of speech. Most of them are appreciative of the help and advice given and ensure that appointments are regularly kept.

The incidence of speech disorders in children is variously estimated from 3 to 12 per cent; in this country, a conservative estimate (omitting minor disorders) is 3 per cent.

It would be useful to have an up-to-date survey of the speech defective children in Shropshire. At the moment there are waiting lists at all of the established clinics and there are areas in a rural county such as Salop where centres could be established in certain schools and so serve other schools in that area.

A school population of 50,000 in my opinion requires an establishment of 6 Speech Therapists in addition to the senior. The time of the Senior Speech Therapist could then be divided between administrative and clinical work and consultative duties to junior colleagues.

Age should not be the criterion of the need for giving an early appointment, rather the severity of the defect, the attitude of the parents and child towards it and the nature of the problem would be better indications for priority.

When a situation arises where too many children are requiring treatment the principle should be that expressed in paragraph 91, Ministry of Education Pamphlet No. 5:

> "When there is more work than a therapist can manage, it is more important to aim at quality of work for a few than to try to give a little treatment to many".

While the speech therapists in this County rely on public transport services, this lack of mobility results in serving fewer children and doing less thorough work. More contact should be made with the school teachers; this is essential if there is to be a full understanding and good management of the child's speech difficulty.

Independent professional representatives of the medical and educational worlds, functioning as a group and sharing diagnostic and therapeutic responsibility, will ensure the best advice and treatment for the patient.

E. Paulett,
Senior Speech Therapist.

DEAFNESS

Defective hearing is not as common as defective vision, but can be as great a handicap to a child. Children have been considered dull or inattentive when, in fact, they are of normal intelligence but do not hear. If infants cannot hear normal speech, they cannot learn to understand it and their educational development is delayed. This is especially so when they suffer from high frequency deafness.

The occurrence of severe deafness after a child has learned to speak causes frustration, disappointment, perhaps maladjustment, and the child on reaching school age may be incapable of receiving a formal type of education. Defective speech frequently accompanies, and may be the first sign to suggest, defective hearing.

Deafness in Infants.—Emphasis is placed upon the need for detecting hearing defects in early childhood, and for the provision of auditory training and hearing aids.

The first essential is early diagnosis, that is, as soon as possible in the case of children born deaf, or at the earliest moment after any illness or injury which impairs the hearing mechanism. In children of normal intelligence it is now possible by simple methods, termed "screening tests", to detect deafness even in children at the age of seven months and satisfactory auditory training can follow such detection. Moreover, modern hearing aids of the lightweight transistor type can be used by children as young as eighteen months.

Special attention has been given to infants who are in the "at risk" categories, namely:

(i) Premature babies.

(ii) Twins.

(iii) Children born to mothers with Rhesus negative blood containing antibodies.

(iv) Children whose mothers have had virus infections during pregnancy, e.g. German measles.

(v) Children whose mothers have had toxaemia during pregnancy.

(vi) Physically handicapped children.

Arrangements have been made for all Health Visitors to notify details of "risk" babies, who are then seen at a "Screening" Clinic supervised by two Health Visitors who have attended a special course of instruction in Manchester, given by Sir Alexander Ewing.

Sessions have been held in various parts of the County and during 1960, some 198 children between the ages of 9 months and 5 years were tested, of whom 32 failed to pass the screening test.

Of the 32 failing the tests:

4 passed the retest

16 were awaiting retest at the end of 1960 and

12 were referred for investigation to the Audiology Clinic.

Deafness in School Children.—Audiometry, which is the measurement of hearing by quality and quantity, is being used increasingly to ascertain degrees of deafness and, as a result of evidence obtained from experiments and trials over the last ten years, the Medical Research Council's Committee on the Educational Treatment of Deafness have recommended the adoption of the "sweep frequency" method of audiometric testing.

Sweep testing has hitherto been carried out in schools mainly in the Shrewsbury and Ludlow districts, but in September, 1960, this work was extended to include a complete survey of all primary schools in the County. An additional light-weight, transistorised, portable audiometer was purchased for this purpose, the heavier machine being retained for clinic work only.

All pupils in their first year in Primary Schools and any others referred by the Heads as backward or possibly deaf are tested. In due course it is hoped to include the eight year old age group. The following table indicates the results of sweep tests carried out in 1960:

SWEEP FREQUENCY TESTS PERFORMED

Category	Tested	Normal	Defective		
			One ear		Both ears
			R	L	
Primary School Children	624	505	45	41	33
Suspected Deafness ..	39	20	5	6	8
Backwardness	19	12	3	3	1
Speech disorders ..	5	1	—	2	2
TOTAL ..	687	538	53	52	44

Audiology Clinics.—Clinics for the further investigation of young children suspected of having hearing loss are held at least once per month by Dr. Mackenzie at the Health Centre, Murivance, Shrewsbury, and by Dr. Capper at Ludlow Child Welfare Centre. Occasional clinics are also held at the main Child Welfare Centres throughout the County according to demand.

In addition to children discovered at Welfare Centres and Schools, other cases are referred by School Medical Officers, Health Visitors, Speech Therapists, Heads of Schools, Medical Practitioners and Hospital Specialists.

During 1960, a total of 48 Audiology Clinics was held and 362 children received hearing tests, the results of which are given in the table below:

RESULTS OF TESTS AT AUDIOLOGY CLINICS

Category	Tested	Hearing Normal	Decision Deferred	Hearing Defective					
				One Ear				Both Ears	
				Severe		Moderate		Severe	Moderate
				L	R	L	R		
Pre-school	17	9	4	1	—	—	—	1	2
Primary School 5—11 yrs.	277	190	15	—	1	13	16	5	37
Secondary School 11—18 yrs	68	31	4	1	3	4	4	4	17
TOTAL ..	362	230	23	2	4	17	20	10	56

The closest co-operation exists between the Health Department and the Ear, Nose and Throat Surgeons at the Eye, Ear and Throat Hospital, Shrewsbury, to whom any children requiring treatment are referred through the family doctor. Where necessary, the Consultant arranges for the provision of hearing aids; and training for children and parents in the use of these aids is given in suitable cases by Mrs. E. M. J. Bell, a qualified teacher of the deaf, and by the two specially trained Health Visitors.

Class for Children who are Partially Deaf.—Mrs. Bell describes her work below:

"It is vitally important that specialised training both in understanding and speaking their mother tongue should be given to children with impaired hearing.

Ideally this training should start when the child is very young and continue throughout school life. In order to cover this need, a Teacher of the Deaf works in close co-operation with the Health Department so that training can start as soon as deafness is diagnosed and steps be taken to help any deaf child of school age whose ability to learn is affected by his handicap.

The following facilities are available in the County, and in order to cover these more fully, a second teacher was appointed in September, 1960:

(i) The specialised teaching, with amplifying equipment, of partially-deaf children in a day class at Coleham Junior School, Shrewsbury.

(ii) Individual tuition to hard of hearing children who attend ordinary schools.

(iii) Visits to schools to discuss with teachers the educational situation of children known to have a hearing defect.

(iv) Domiciliary visiting to contact and advise parents whose children are attending a normal school, but who are known to have a defect of hearing. The homes of children of pre-school age are also visited to give advice to the parents in training their own children to lip-read and, in some cases, to use a hearing aid.

(v) Attendance at ascertainment clinics in order to assist in determining the educational provision for these children.

Special Class at Coleham Junior School.—The class is specially equipped with modern amplifying equipment; all the children use hearing aids and their education is in the hands of a trained teacher of the deaf.

The purpose is to give them special help within the environment of normality, and to integrate their activities as much as possible with the normal children at the school.

Within the class the range is wide, in age, in degree of deafness and abilities.

Integration.—All join ordinary classes for Morning Assembly, Games, Dancing and Music.

Some of the older children attend for Geography, Needlework and History and they have been joined by children from the main school for educational visits.

Children in the class:

January, 1960	11
July, 1960	3 left
September, 1960	2 admitted
December, 1960	10 children in class

Of the 3 children who left in September:

1 was admitted to a residential school for the partially deaf,
1 was admitted to a residential school for Educationally Subnormal children, and
1 joined a normal class in the main school at Coleham.

Individual tuition.—This is usually given to children living beyond travelling distance of the special class, and was only available to a limited degree before the appointment of a second teacher in September, 1960.

Before September only three received regular weekly help—two from the trained Health Visitors and one from the Teacher of the Deaf. Between September and Christmas, eight children received regular teaching each week, either at school, at home or at a centre—and one boy came to the Coleham class once weekly.

School visits.—These visits, made by a teacher of the deaf, are for three purposes:

(i) To assess the difficulty a child is having at school because of deafness.

(ii) To ensure that a child using a hearing-aid is trained to manage it and that teachers are given every help in understanding the problem.

(iii) To ensure that the child is maintaining satisfactory progress in a normal class.

Home visits.—These visits are made, also by a teacher of the deaf, often accompanied, in the case of the pre-school child, by a trained Health Visitor. These cover three purposes:

(i) To make diagnostic tests with very young children.

(ii) To enlist the co-operation of parents, and to assist them in understanding the best ways of helping their children at home.

(iii) To give regular training or teaching to the children. (This has been undertaken by specially trained Health Visitors with pre-school children).

Special assessment clinic.—A decision about a child's educational future is not always easy to make. His ability to benefit from the facilities available depends not on his deafness alone, but also on his mental powers and emotional development, temperament, personality and home environment. To ensure that the best decision is made, taking all these factors into account, special assessment clinics have been organised when the child and parents may be seen at the same time by an otologist, a doctor, a teacher of the deaf, an educational psychologist and a speech therapist.

Because of the numbers of people involved, the planning of these clinics is not easy and they have not been held as frequently as one would like. They are, however, of great value and we feel that they have resulted in the very best decisions being made for the benefit of the individual child".

Statistical Summary:

Children in Special class during year	13
Children who received regular individual tuition	11
Children visited at home and school	39
Visits to schools	38
Visits to homes	33
Children seen at Assessment Clinic	18

CHILD GUIDANCE SERVICE

Mr. J. L. Green, County Educational Psychologist, gives the following account of the work carried out through the Child Guidance Service during 1960:

"The number of children referred to the Child Guidance Service continues to grow and, with shortage of staff, it is not easy to see that the needs of each child and its family are adequately met. Dr. J. A. Crawford, who had worked with us for more than three years, found it increasingly difficult to make regular visits owing to his commitments in Birmingham. Dr. J. Warner, Locum Psychiatrist from the Hospital Board, has been able to devote a session a week to work in our clinic in Shrewsbury.

Some children have again needed prolonged treatment. It is, however, as often as not, the parents who need more intensive help than the child, and Miss K. Hunt, the Psychiatric Social Worker, has devoted much of her time to regular interviews with parents who cannot gain the insight necessary, or the support they want, from spasmodic or occasional help. The results of this longer term treatment than we have before attempted, are encouraging and it would be well worth while, if at all possible, to see how far these children gain in future from the long term help they are receiving now. This has meant, of course, that some parents have had perhaps a little less help than one would like to have given, but it has also meant useful occasional interviews with families who did not appear to need quite so much treatment. Sometimes, in the course of one interview, the parents and child feel they have got some support and advice and are able to modify the situation which has been causing temporary tension. There is little time for intensive remedial work and children who have needed help with their reading, etc., have had to be selected with the greatest discrimination. It is only when it is thought that the difficulty is so specific that the teaching could only really be done by a person of considerable psychological background, or where the emotional blockage is so great that the remedial method had to be a blend of teaching and psycho-therapy, that one of the Psychologists was able to devote the time necessary to combat the difficulties.

In keeping with the experience of many parts of the country, there has been an increase in the number of so-called school phobia cases. As is well known, this means, in fact, a reluctance to leave home rather than a direct fear of school. It may be accentuated a little by the fact that many children have to travel long distances to the new secondary modern schools, and that nervous and over-protected children who could just manage to attend the local village school cannot face a long journey, or a whole day's absence from home. By and large, the Clinic has been successful in getting children back to school, and, indeed this is an essential part of their rehabilitation, but there have been one or two extremely resistant cases. In two cases, where the child's neurosis was extremely severe, the Psychiatrist has, with the greatest reluctance, recommended home tuition, at least for a while.

It should be emphasised that the schools co-operate well with the Child Guidance Service and, indeed, if it were not for the teachers and their active interest and co-operation, the task of the clinic staff would be much increased.

Another interesting feature of the work of the Child Guidance Service has been the increased use of the Enurex apparatus. The precaution is taken of having a child seen by the clinic staff and, if at all possible, by the Psychiatrist before recommending this action, as it is common experience that where children have multiple symptoms, and an underlying maladjustment, the apparatus does not work and, in fact, according to the belief of many, if it did work in such circumstances, the enuretic symptom would probably be converted to another. There have, however, been highly satisfactory results with children, particularly in the higher age-range, who have apparently been completely cured of enuresis by this method. The clinic staff is keeping careful records of the results.

Cases which show the greatest resistance to help are those where the problem is largely a social one, rather than a psychological one, and where the co-operation coming from the parents is very precarious. Even in these circumstances, an attempt is made to relieve what extra stresses are caused in the child by the unsatisfactory home situation.

Nine children were recommended for maladjusted schools during the year, eight of whom went to the Authority's school at Trench Hall.

Only in cases where the stress at home is so great that it cannot be relieved by any form of psychological help or psychiatric treatment, is a child recommended for removal from home. It is not felt that roughly ten children a year from a school population of 45,000 is really excessive".

SUMMARY OF WORK DONE DURING 1960 :

Total number of new referrals	229
Total number of new cases seen	192
Unco-operative	7
Awaiting appointments	30
Old cases still requiring help	41

Sources of referral:

Head Teachers	39%
Private Doctors	14%
County Medical Officer	28%
Parents	6%
Probation Officers	4%
Miscellaneous, e.g. Children's Department, Mental Hospitals, Education Welfare Officers, Speech Therapists, N.S.P.C.C., Health Visitors	9%

Reasons for referral:

Behaviour difficulties such as aggressive behaviour, severe temper tantrums, truancy, pilfering	32%
Nervous conditions, such as night terrors, anxiety conditions, stammering and timidity	29%
Physical disorders, e.g. day or night enuresis, soiling, failure to eat or sleep normally	19%
Failure in school. Difficulties either in specific subjects, general behaviour or general attitude to work	10%
Miscellaneous reasons: vocational guidance, advice re adoptions, reports to Magistrates	10%
Number of cases seen by Psychiatrists — Dr. Crawford 45; Dr. Warner 24	69
Number receiving prolonged treatment by Psychiatrists	3
Numbers recommended for admission to Schools for Maladjusted Children (includes 1 transfer from Lancashire)	10
Number recommended for home tuition because of maladjustment	2

SCHOOL REPORT OF PRINCIPAL DENTAL OFFICER

The school dental service of Shropshire has for yet another year striven in vain to keep pace with the dental disease of the school population. Over the past five years, from observation, I would say that the dental caries rate appears to be increasing rapidly. The reasons for this are the high consumption of refined sugars and carbohydrates in the form of sweets and biscuits, poor oral hygiene and lack of balanced diet. The school population is approximately 47,000 and by law these children are supposed at least to be inspected, if not treated, by the service, twice a year. With the present staffing position, i.e. an equivalent of 6.2 full-time officers, this is an impossibility; even if we had a full establishment of dental surgeons in this County—11 Officers including myself—the task would still be impossible. The only way in which we could possibly see more children is by carrying out inspections with the sole object of performing extractions, a policy which is, professionally, quite unacceptable. My policy has, therefore, been to inspect children's teeth with a view to carrying out comprehensive dental treatment with the result that some areas have not been visited for a considerable time. It is essential that the school dental service strives at all times to maintain the highest possible standards of work.

During the year every effort has been made to "step up" the dental health education programme, evening lectures illustrated with colour slides and films being given at Women's Institute and Mothers' Club meetings. In addition an exhibition was held at the Oswestry Agricultural Show and it was considered to be a great success. The theme of all these activities is "The Choice is Yours", the emphasis being on prevention rather than cure, with special reference to reduction in sweet consumption and the need for a well balanced diet. The importance of the apple as an oral hygienic agent cannot be ignored, and every effort is made to persuade parents to give their children at least a piece of apple after every meal. Thanks to the co-operation of Mr. Barnes of Petton Hall Residential School, who has introduced this routine in the School, there is a marked reduction in caries in the pupils.

Staff, including Orthodontists.—Mr. Reece resigned on 31st December, 1960, having been with the County since 21st September, 1959. On 31st December, 1960, the staff was equivalent to an aggregate of 5.95 full-time officers. The Orthodontists, Mr. Broadbent and Mr. Scott, continued to give one session per week to the school dental service.

Work done during the year.—

Number of pupils inspected by the Council's Dental Officers:

(*a*) At periodic inspections	6,583
(*b*) As Specials	3,507
TOTAL	10,090
Number found to require treatment	7,875
Number offered treatment	7,581
Number actually treated (including 736 brought forward from the previous year)	7,426
Number of attendances made by pupils for treatment including orthodontics	18,624
Half-days devoted to: Periodic (school) inspection	64
Treatment	2,647
Fillings: Permanent Teeth	10,282
Temporary Teeth	1,064
TOTAL	11,346

Number of teeth filled: Permanent Teeth		8,804
Temporary Teeth		937
	TOTAL	9,741
Extractions: Permanent Teeth		3,738
Temporary Teeth		5,698
	TOTAL	9,436
Administration of general anaesthetics for extractions		3,068
Orthodontics:		
Cases commenced during the year		214
Cases carried forward from previous year		204
Cases completed during the year		112
Cases discontinued during the year		52
Pupils treated with appliances		151
Removable appliances fitted		137*
Fixed appliances fitted		41
Total attendances		2,090
Number of pupils supplied with dentures		166
Other operations: Permanent Teeth		4,220
Temporary Teeth		384
	TOTAL	4,604

*In addition 19 appliances were also repaired and 468 study models cast.

(Other operations include X-rays, root fillings, crowns fitted, inlays and various surgical procedures. 3 Post Crowns, 13 Jacket Crowns, 8 Gold Crowns, 6 Goid Inlays, 4 Cast Metal, 12 Dentures repaired).

Condover Hall School.—Under the provisions of Section 78 of the Education Act, 1944, all the pupils (approximately 80) of Condover Hall School for the Blind were dentally examined and treatment carried out as necessary. This treatment is carried out in one of the bathrooms—ideal if one wishes to take a bath halfway through the day, but very inconvenient otherwise. It is to be hoped that some day we may have more improved facilities.

C. D. CLARKE,

Principal Dental Officer.

HEALTH EDUCATION

During the year, School Medical Officers, Dental Officers and Health Visitors visited a number of the schools in the County and gave formal health education in Junior, Grammar and Modern Schools through the medium of lectures illustrated or supported by flannalgraphs, film strips, and films, and also informal health education in other schools. The principal subjects dealt with included Smoking and Lung Cancer, Home Safety, Personal Hygiene, Food Hygiene, Dental Hygiene, Nutrition and Food, Food Poisoning, Vaccination and Immunisation, Spread of Infection, and (for school-leavers particularly) General Principles of Health. Other supporting material in the form of posters, display panels, and leaflets was also utilised.

The lectures generally were well received and appeared to arouse considerable interest, particularly among the more intelligent and older grades of pupil, but experience suggests that an absence of questions from younger and less self-confident groups does not necessarily indicate lack of enthusiasm and it is our hope that more and more illustrated talks will in future be demanded in the Junior Schools as well as in the Secondary and Special Schools where they are becoming an established practice.

Apart from informal instruction carried out in the course of their normal duties by Health Visitors and School Nurses, there is formal tuition in nursing subjects of girl pupils in Secondary Schools who are studying Mothercraft, or pre-nursing students preparing to enter the nursing profession. On special request or by local arrangements made with Heads of Schools, Health Visitors have given talks illustrated by flannelgraphs and by film strips, and have also utilised films, posters and leaflets as supporting material. Among the topics so dealt with were Nutrition, Diet and Food, Infant Care and Mothercraft, Growing Up, Nursing and Anatomy, Vaccination and Immunisation, Dental Hygiene, Personal Hygiene, Head Lice, Foot Care and Accidents in the Home.

In the Dental field great emphasis is laid on preventive work and the promotion of dental health is encouraged by the activities of the Dental Officers and a newly-appointed Dental Hygienist, all of whom make use of films, posters and leaflets as adjuncts to their talks.

The Department uses existing facilities in schools for the projection of films and film strips on health education subjects, and has a 16 m.m. sound film projector and film strip projectors, which are available for use in schools wherever "blacking-out" can be arranged. The monthly magazine, "Better Health" is distributed to all schools other than Primary and a number of school teachers have requested extra copies of this publication for classroom use.

B.C.G. VACCINATION OF SCHOOL CHILDREN

B.C.G. vaccination against Tuberculosis is available, with parental consent, to:

(*a*) school children in the year preceding their fourteenth birthday;

(*b*) children of 14 years and upwards who are still at school and students at universities, teacher training colleges, technical colleges and other establishments for further education; and

(*c*) whole school classes, which may include a few children under 13 years, for convenience.

The following are particulars of schools visited for B.C.G. vaccination purposes during 1960, with comparative figures for 1959:

	Maintained and Grant-aided Schools		Independent Schools	
	1959	1960	1959	1960
Schools visited	69	67	16	29
Children tested	4,951	5,593	479	1,398
Reactors—positive	882	770	119	269
—negative	3,841	4,544	360	1,117
Not read	228	279	—	12
Children vaccinated	3,705	4,484	356	1,105
Negative reactors not vaccinated	136	60	4	12

The acceptance rate for B.C.G. vaccination has always been high and for 1960 was 85 per cent.

In addition, special surveys were made at three schools where children had been in contact with a known case of Tuberculosis:

	Tested	*Positive Reactors*	*Negative Reactors*	*Not Read*	*Negative Reactors Vaccinated*
Children (all ages)	566	137	407	22	138*
Staff	70	58	11	1	2*

*Those vaccinated were children and two teachers at two schools. The remaining negative reactors were either pupils under 13 years and therefore too young for vaccination or adults whose tests were not completed. All children will be retested and vaccinated where necessary.

Positive reactors are referred for examination by a Mass Radiography Unit and an invitation is extended to all home contacts to attend at the same time.

Mass Radiography.—All positive reactors discovered during school testing and their home and school contacts were X-rayed either by the Stoke-on-Trent or Wolverhampton Mass Radiography Units and the following table summarises the results of these investigations:

	Pupils	*Home Contacts*	*Staff*
Cases investigated	1,562	771	215
Recalled for large film examination ..	19	13	3
Cases of Tuberculosis discovered	—	2	—

(Included in the above figures are 402 children and 85 staff from the three schools at which special surveys were made. Three children and one member of the staff were recalled for large film examination).

The two cases of Respiratory Tuberculosis discovered represent a rate of 2.6 per 1,000 home contacts investigated and 0.78 for all cases.

All positive reactors to the Mantoux test *showing a large reading* (20 m.m. or more) have an *early large film X-ray* by the Mass Radiography Unit which visits the Shrewsbury and Wellington Chest Clinics twice monthly.

DIPHTHERIA IMMUNISATION

Routine Medical Examination Sessions in school give the School Medical Officers opportunity to check on the children's state of protection against Diphtheria, to urge the importance of immunisation and to get parental consent to its promotion and maintenance. School Nurses, Health Visitors and District Nurses, who in the course of their duties discover school children who have missed immunisation, also endeavour to obtain the necessary parental "consents". Propaganda methods, including the display of posters and advertisements in the press, are also used from time to time to remind the public of the importance of immunisation.

During 1960, the total number of children *of school age* who were primarily immunised was 684; of this number, 436 were treated by School Medical Officers and 248 by general medical practitioners.

Children immunised against Diphtheria in infancy should have a reinforcing injection after an interval of three or four years and School Medical Officers at routine medical inspections advise this in appropriate cases.

Of 4,986 school children re-immunised, 3,261 were dealt with by the School Medical Officers and 1,725 by general medical practitioners.

The estimated school population of the County in 1960 was 48,700 and of these 37,952 (or 77.9 per cent) were known to have been immunised against Diphtheria; 16,777 (or 34.45 per cent) could be regarded as completely protected by having been immunised within the last five years.

The effects of the immunisation campaign are demonstrated by the following table showing the incidence of, and deaths from, Diphtheria among persons of all ages in the County during the past twenty years:

		1941—45	1946—50	1951—55	1956—60
Notifications ..	Total	443	35	1	—
	Annual average	88.6	7	0.2	—
Deaths ..	Total	22	5	1*	—
	Annual average	4.4	1	0.2	—

*Death of elderly woman, assigned by Registrar-General; C. diphtheriae not found.

VACCINATION AGAINST SMALLPOX

During the year, 95 children *between the ages of* 5 *and* 14 *years* were vaccinated against Smallpox. Of this number, 39 vaccinations were performed by School Medical Officers and 56 by general medical practitioners.

In addition, 166 children were re-vaccinated—102 by School Medical Officers and 64 by general practitioners.

VACCINATION AGAINST POLIOMYELITIS

New applicants for vaccination against Poliomyelitis continued to come forward in 1960, but it was not necessary to visit any schools for that purpose, older children being given their injections at evening clinics and younger ones at ordinary child welfare clinic sessions or at special day-time vaccination sessions.

Evening sessions, which had been suspended after the end of October, 1959, were resumed in March, 1960, to deal with those who had had their second injection in the middle of 1959 and had since become due for their "booster" dose, and also to cater for new applicants, many of whom were in the 18—25 year age group.

The following are the numbers dealt with in 1960 in the 5—14 and 15—17 age groups, the latter, of course, including pupils at grammar schools and technical colleges, etc.:—

	Vaccinated by	5—14 years	15—17 years	Total
Completed with two injections	Medical Officers ..	708	231	939
	General Practitioners ..	333	84	417
	TOTAL ..	1,041	315	1,356
Completed with three injections	Medical Officers ..	2,475	687	3,162
	General Practitioners ..	1,170	287	1,457
	TOTAL ..	3,645	974	4,619

SCHOOL CANTEENS

Medical Examination of Staff.—In order to ensure as far as possible that those engaged in the School Meals Service are not suffering from, or carriers of, infectious diseases, liable to be transmitted by contamination of the food served in the canteens, the medical examination of canteen staffs is carried out at least once a year, and new entrants to the service are examined as soon as possible after appointment. Ideally, they should be examined before commencing employment.

These medical examinations are directed towards establishing the cleanliness of the person, clothing and hands of those employed in the preparation or handling of food; and the absence of infectious conditions such as septic skin lesions, discharging ears and chronic catarrh and other conditions such as eczema or other forms of dermatitis.

If on initial examination an employee is found to have a history or shows symptoms of intestinal disorder, arrangements are made for specimens of faeces, and if necessary urine, to be submitted to the Public Health Laboratory, Shrewsbury, for investigation.

The following particulars give some indication of this work during the year:

KITCHENS AND SCHOOL CANTEENS

Premises		Personnel Employed				
		Supervisors	Cooks	Helpers	Others	Total
Central Kitchens ..	12	12	27	77	16	132
Self-contained Canteens	129	12	155	416	102	685
Canteens for dining only	191	—	—	343	122	465
TOTAL ..	332	24	182	836	240	1,282

During 1960 a total of 1,168 examinations of canteen personnel (266 initial and 902 re-examinations) was carried out.

In 23 cases unsatisfactory conditions were found and particulars of these and of the action taken are given below:

Condition	*Action taken*
Chest X-rays (10 cases) ..	In all cases the results of chest X-rays were negative.
Dental Caries (5 cases) ..	Dental treatment carried out.
Dermatitis (2 cases)	After treatment, one employee was subsequently found fit to resume duty; in the other case the appointment was terminated.
Infection of fingers (2 cases)	In both cases the condition responded to treatment and the workers were able to return to duty.
Debility	This employee was suspended from duty for one term and remained under medical supervision.
Spinal condition	Appointment terminated.
Heart condition	Appointment terminated.
Arthritis	After treatment, employee found fit to resume duty.

Two employees, who were contacts of a case of Scarlet Fever, were excluded from normal duties for an appropriate period.

In addition, the person of one Canteen Helper indicated a general lack of cleanliness, but her condition was satisfactory upon re-examination after a brief interval.

This scheme has also been extended to include personnel engaged in the preparation and handling of foodstuffs at the Boarding Schools and Hostels in the County and during the year 50 such examinations were carried out by the School Medical Officers.

SUMMER CAMPS

Summer Camps for senior pupils were again organised during May, June and July, 1960. Accommodation for approximately 60 pupils was made available at Bwlch Gwyn Farm, Arthog, Merioneth. Some 689 pupils and 49 staff passed through the camp during term time. In the holiday period a further 201 pupils and 21 staff attended this camp. All the pupils were examined before admission—initially by the local School Nurse and immediately prior to departure to the camp by a School Medical Officer—and certified to be free from infection or verminous infestation before being allowed to proceed.

Arrangements were made with a medical practitioner resident nearby to provide medical services when requested.

HOSPITAL AND SPECIALIST SERVICES

Children found to be suffering from defects requiring either the advice of a Consultant or in-patient treatment are referred, preferably in collaboration with their family doctor, to the following hospitals, all of which come under the Birmingham Regional Hospital Board. Children suffering from chest conditions are seen by a Chest Physician at one of the Chest Clinics.

General Medical and Surgical Conditions:

The Royal Salop Infirmary, Shrewsbury.
Copthorne Hospital, Shrewsbury
Monkmoor Children's Hospital, Shrewsbury.
The North Staffordshire Royal Infirmary, Stoke-on-Trent.
The Kidderminster and District General Hospital, Kidderminster.
The Wolverhampton Royal Hospital, Wolverhampton.
The Staffordshire General Infirmary, Stafford.

Eye Conditions:

The Eye, Ear and Throat Hospital, Shrewsbury.
The North Staffordshire Royal Infirmary, Stoke-on-Trent.
The Staffordshire General Infirmary, Stafford.
The Kidderminster and District General Hospital, Kidderminster.
The Wolverhampton and Midland Counties Eye Infirmary, Wolverhampton.

Ear, Nose and Throat Conditions:

The Bridgnorth and South Shropshire Infirmary, Bridgnorth.
Copthorne Hospital, Shrewsbury.
The Eye, Ear and Throat Hospital, Shrewsbury.
Ludlow and District Hospital, Ludlow.
Oswestry and District Hospital, Oswestry.
Shifnal Cottage Hospital, Shifnal.
Whitchurch Cottage Hospital, Whitchurch.
New Cross Hospital, Wolverhampton.
The North Staffordshire Royal Infirmary, Stoke-on-Trent.
The Staffordshire General Infirmary, Stafford.
The Kidderminster and District General Hospital, Kidderminster.
The Wolverhampton Royal Hospital, Wolverhampton.

Respiratory Tuberculosis:

Shirlett Sanatorium, near Broseley. (Closed from April, 1961).

Orthopaedic Conditions, including Fractures:

Royal Salop Infirmary, Shrewsbury.
The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry.
The Kidderminster and District General Hospital, Kidderminster.

X-ray Treatment of Ringworm:

The Midland Skin Hospital, Birmingham.

Special Forms of Treatment not elsewhere available:

The Birmingham Children's Hospital, Birmingham.

SANITARY CIRCUMSTANCES OF THE SCHOOLS

In a Rural County it is quite impossible to attain anything like uniformity of standard in the sanitary circumstances of the schools, varying as they do in size, and situated as they are both in urban and rural surroundings. Many of the older schools fall far short of what is required in the matter of lighting, heating and ventilation, and the unsatisfactory nature of the sanitary conveniences at certain schools cannot altogether be justified by the limitations imposed by the absence of public services in the localities in which the schools are situated.

Under the post-war School Building Programme provision was made, as a long term policy, for the closure of certain of the older schools where the conditions were least satisfactory, and for the construction of new schools, either to replace those scheduled for closure or to accommodate the increased number of pupils resulting from the raising of the school leaving age.

The School Medical Officers are required to report any sanitary defects discovered at the time of medical inspection, and particulars of these defects and recommendations which may be considered appropriate are forwarded to the Secretary for Education with a view to their being dealt with by the Education Works Committee.

SCHOOL CLINICS PROVIDED BY THE LOCAL EDUCATION AUTHORITY

The following is a list of clinic sessions made available by the Local Education Authority at which school children may attend. School doctors' sessions operate concurrently with general child welfare clinics.

Centre	Sessions		
Bridgnorth	*School Doctor:*	First Monday in month ..	9.00 a.m.—10.30 a.m.
	Speech Therapy:	Alternate Fridays	9.00 a.m.—12.15 p.m. 1.30 p.m.— 4.30 p.m.
	Audiology:	By arrangement	
	Dental:	Tuesdays and by arrangement	9.30 a.m.—12.30 p.m. 1.30 p.m.— 4.30 p.m.
	Ophthalmic	By arrangement	
Church Stretton	*Audiology*	By arrangement	
Cleobury Mortimer	*Audiology*	By arrangement	
Dawley	*School Doctor:*	First Tuesday in month ..	9.30 a.m.—12.00 noon
	Speech Therapy:	Thursdays	1.30 p.m.— 4.15 p.m.
	Audiology:	By arrangement	
	Dental:	By arrangement	
Donnington Infants' School	*Child Guidance:*	By arrangement	
Ellesmere	*School Doctor:*	First Tuesday in month ..	9.30 a.m.—12.00 noon
	Audiology:	By arrangement	
	Dental:	By arrangement	

Centre	Sessions		
HADLEY MODERN SCHOOL	*Speech Therapy:*	Tuesdays	9.30 a.m.— 4.30 p.m.
HAUGHTON HALL SCHOOL	*Speech Therapy:*	Mondays	1.30 p.m.— 4.15 p.m.
LUDLOW	*Dental:*	Weekdays	
	Speech Therapy:	1st and 3rd Fridays in month	10.00 a.m.— 1.00 p.m. 2.00 p.m.— 4.30 p.m.
	Audiology:	First Monday in month ..	9.30 a.m.—12.30 p.m.
	Child Guidance:	By arrangement	
	Ophthalmic:	By arrangement	
MADELEY	*Dental:*	By arrangement	
	Speech Therapy:	Thursdays	9.00 a.m.—12.30 p.m.
	Audiology:	By arrangement	
MARKET DRAYTON	*School Doctor:*	Wednesdays	9.30 a.m.—10.30 a.m.
	Audiology:	By arrangement	
	Dental:	By arrangement	
	Speech Therapy:	2nd and 4th Fridays in month	10.00 a.m.—12.15 p.m. 1.30 p.m.— 4.15 p.m.
NEWPORT	*Dental:*	Mondays, Wednesdays and Fridays	9.30 a.m.—12.30 p.m. 1.30 p.m.— 4.30 p.m.
		Tuesdays and Thursdays ..	9.30 a.m.—12.30 p.m.
	Speech Therapy:	Wednesdays	10.00 a.m.— 1.00 p.m. 2.00 p.m.— 4.30 p.m.
	Audiology:	By arrangement	
OAKENGATES	*Dental:*	By arrangement	
OSWESTRY	*School Doctor:*	Wednesdays	9.00 a.m.—10.30 a.m.
	School Nurse's Session:	Fridays	9.00 a.m.—10.30 a.m.
	Dental:	Weekdays	9.00 a.m.— 4.30 p.m.
	Speech Therapy:	Tuesdays	9.30 a.m.—12.30 p.m. 1.30 p.m.— 4.15 p.m.
	Audiology:	By arrangement	
	Ophthalmic	By arrangement	
PETTON HALL	*Speech Therapy:*	Wednesdays	10.00 a.m.—12.15 p.m.
SHIFNAL	*Speech Therapy:*	Mondays	9.30 a.m.—12.30 p.m.

Centre	Sessions		
SHREWSBURY			
(*a*) Health Centre, Murivance	*School Doctor:*	First Friday in month	9.00 a.m.—10.30 a.m.
	Speech Therapy:	Mondays and Thursdays ..	9.00 a.m.—12.30 p.m. 2.00 p.m.— 5.00 p.m.
		Wednesdays	9.00 a.m.—12.30 p.m.
	Audiology:	By arrangement	
(*b*) Monkmoor (at Monkmoor School)	*School Nurse's Session:*	By arrangement	
(*c*) Education Office, County Buildings	*Child Guidance:*	Fridays and by arrangement ..	10.00 a.m.— 4.00 p.m.
(*d*) No. 5 Belmont	*Dental:*	Weekdays	9.00 a.m.— 4.30 p.m.
(*e*) St. Michael's Street Class for Backward Children	*Speech Therapy:*	Wednesdays	2.00 p.m.— 5.00 p.m.
(*f*) Sutton Lodge Occupation Centre	*Speech Therapy:*	Thursdays	2.00 p.m.— 4.00 p.m.
(*g*) Pre-School Nursery Unit, Claremont Street	*Speech Therapy:*	Wednesdays and Fridays ..	2.00 p.m.— 4.00 p.m.
WELLINGTON	*School Doctor:*	Thursdays	9.30 a.m.—10.30 a.m.
	Dental:	Weekdays	9.00 a.m.— 4.30 p.m.
	Speech Therapy:	Mondays	9.30 a.m.—12.30 p.m. 1.45 p.m.— 4.30 p.m.
	Audiology:	By arrangement	
	Child Guidance:	Wednesdays	10.00 a.m.— 4.00 p.m.
WEM	*Audiology:*	By arrangement	
	Dental:	1st, 3rd and 5th Thursdays in month	9.45 a.m.— 1.00 p.m. 2.00 p.m.— 4.45 p.m.
		2nd and 4th Thursdays in month	9.45 a.m.— 1.00 p.m.
WHITCHURCH	*Dental:*	By arrangement	
	Speech Therapy:	Alternate Fridays	9.00 a.m.—12.30 p.m. 2.00 p.m.— 5.00 p.m.
	Audiology:	By arrangement	

STATISTICAL TABLES

TABLE I. (A) PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1955 and later ..	1,890	1,890	100%	—	—
1954	2,368	2,365	99.9%	3	0.1%
1953	1,469	1,469	100%	—	—
1952	2,105	2,101	99.8%	4	0.2%
1951	1,243	1,242	100% (approx.)	1	—
1950	756	756	100%	—	—
1949	1,059	1,058	100% (approx.)	1	—
1948	2,091	2,089	99.9%	2	0.1%
1947	1,848	1,846	99.9%	2	0.1%
1946	1,956	1,954	99.9%	2	0.1%
1945 and earlier ..	2,654	2,654	100%	—	—
TOTAL ..	19,439	19,424	99.9%	15	0.1%

(NOTE: Routine medical examinations are normally carried out on entry to school, at 8 years of age and again at 14 years).

(B) PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspections to Require Treatment (excluding Dental Disease and Infestation with Vermin).

Age Groups Inspected (By year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table II (3)	Total Individual Pupils (4)
1955 and later ..	67	130	176
1954	118	188	276
1953	96	109	184
1952	137	116	232
1951	95	85	163
1950	78	65	118
1949	107	80	178
1948	238	155	365
1947	209	129	309
1946	313	129	426
1945 and earlier	460	146	575
TOTAL ..	1,918	1,332	3,002

This table relates to individual pupils and not to defects. Consequently,the total in column (4) is not necessarily the sum of columns (2) and (3).

(C) OTHER INSPECTIONS

Special Inspections	1,306
Re-inspections	6,136
	7,442

(D) INFESTATION WITH VERMIN

(1) Total number of examinations in the schools by the School Nurses or other authorised persons ..	81,962
(2) Total number of individual pupils found to be infested	975
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	30
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	7

TABLE II

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS IN THE YEAR ENDED 31st DECEMBER, 1960

(A) PERIODIC INSPECTIONS

Defect or Disease	Entrants		Leavers		Others		Total	
	Requiring:		Requiring:		Requiring:		Requiring:	
	Treatment	Observat'n	Treatment	Observat'n	Treatment	Observat'n	Treatment	Observat'n
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Skin	52	108	92	44	163	184	307	336
Eyes (*a*) Vision	252	525	630	127	1,036	737	1,918	1,389
(*b*) Squint	70	72	18	19	108	108	196	199
(*c*) Other	12	25	4	13	18	81	34	119
Ears (*a*) Hearing	24	93	4	16	33	106	61	215
(*b*) Otitis Media ..	11	104	—	20	31	137	42	261
(*c*) Other	4	35	2	9	1	45	7	89
Nose or Throat	102	676	12	97	124	833	238	1,606
Speech	46	110	5	13	51	117	102	240
Lymphatic Glands ..	14	233	3	12	3	244	20	489
Heart	1	66	3	43	9	162	13	271
Lungs	19	182	7	34	23	268	49	484
Developmental:								
(*a*) Hernia	10	5	2	4	12	29	24	38
(*b*) Other	7	46	9	19	17	143	33	208
Orthopaedic:								
(*a*) Posture	4	25	3	30	9	139	16	194
(*b*) Feet	28	108	8	25	33	183	69	316
(*c*) Other	16	179	21	71	67	256	104	506
Nervous System:								
(*a*) Epilepsy	1	6	2	3	7	29	10	38
(*b*) Other	5	40	2	9	8	58	15	107
Psychological:								
(*a*) Development ..	—	62	—	21	104	223	104	306
(*b*) Stability	—	102	2	17	24	221	26	340
Abdomen	2	51	2	13	9	131	13	195
Other	594	202	208	57	1,079	380	1,881	639

(B) SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Requiring: Treatment (3)	Requiring: Observation (4)
4	Skin	9	7
5	Eyes (*a*) Vision	76	22
	(*b*) Squint	3	1
	(*c*) Other	1	1
6	Ears (*a*) Hearing	2	2
	(*b*) Otitis Media	1	3
	(*c*) Other	—	1
7	Nose or Throat	2	23
8	Speech	6	7
9	Lymphatic Glands	—	6
10	Heart	1	10
11	Lungs	—	13
12	Developmental:		
	(*a*) Hernia	—	1
	(*b*) Other	—	8
13	Orthopaedic:		
	(*a*) Posture	1	8
	(*b*) Feet	—	7
	(*c*) Other	2	8
14	Nervous system:		
	(*a*) Epilepsy	—	1
	(*b*) Other	1	1
15	Psychological:		
	(*a*) Development	—	16
	(*b*) Stability	—	7
16	Abdomen	—	4
17	Other	21	15

TABLE III

(A) EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with
External and other, excluding errors of refraction and squint	21
Errors of refraction (including squint)	2,908
TOTAL	2,929
Number of pupils for whom spectacles were prescribed	2,823

(B) DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases dealt with
Received operative treatment:	
(*a*) for diseases of the ear	40
(*b*) for adenoids and chronic tonsillitis ..	905
(*c*) for other nose and throat conditions ..	35
Received other forms of treatment	54
TOTAL ..	1,034
Total number of pupils in schools who are known to have been provided with hearing aids: (*a*) in 1960	14
(*b*) in previous years	116

(C) ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases dealt with
Number of pupils known to have been treated at clinics or out-patients departments ..	198
Number of pupils treated at school for postural defects	45
TOTAL ..	243

(D) DISEASES OF THE SKIN (excluding Uncleanliness, for which see Part D of Table I)

	Number of defects treated or under treatment during the year
Skin:	
Ringworm: (i) Scalp ..	1
(ii) Body ..	8
Scabies	11
Impetigo	18
Other skin diseases	69
TOTAL ..	107

(E) CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority ..	233

(F) SPEECH THERAPY

Number of pupils treated by Speech Therapists	343

(G) OTHER TREATMENT GIVEN

	Number of cases dealt with
(*a*) Miscellaneous Minor Ailments	122
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	—
(*c*) Pupils who received B.C.G. Vaccination ..	4,622
(*d*) Other treatment given:	
Appendicitis	110
Asthma	28
Bronchitis	13
Cardiac Conditions	9
Diabetes	13
Epilepsy	18
Hernia	14
Meningitis	4
Nephritis	7
Osteomyelitis	1
Pneumonia	13
Rheumatism / Rheumatic Fever	13
Tuberculosis (Respiratory, mesenteric adenitis, cervical glands, etc.)	10
Miscellaneous	370*
TOTAL (*a*) — (*d*)	5,367

*99 of this total were attendances at Chest Clinics for "check-up."